

EDITORIAL NOTE: Section III asks for a detailed history of SUBJECT's relatives on his/her mother's side. It is to be filled out by SUBJECT's mother, if possible.

**SECTION III. MOTHER'S MODULE**

SUBJECT ID: M-|\_|\_|\_|\_|

ASK M1 AND M2 OF MOTHER ONLY.

IF MOTHER IS NOT AVAILABLE, ASK ALTERNATE QUESTIONS M1, M2, and M3 OF RESPONDENT.

I have some questions about your pregnancies and menstrual periods.

IF MOTHER IS NOT AVAILABLE, ASK RESPONDENT.

Alt. M1. Is (NAME)'s mother still living?

YES..... 1 (M3)  
NO ..... 2

Alt. M2. What was her year of death? How old was she?

|\_|\_|\_|\_|  
YEAR

|\_|\_|  
AGE

Alt. M3. What was her cause of death? SHOW CARD L ON PAGE 22.

|\_|\_| \_\_\_\_\_

GO TO M3

M1. At what age did you have your first menstrual period?

|\_|\_|  
AGE

M2. How many times have you been pregnant, including livebirths, stillbirths, miscarriages, abortions, and tubal or other ectopic pregnancies?

|\_|\_|  
# TIMES



M11. Did you ever have a benign tumor? SHOW CARD K ON PAGE 22.

YES.....	1
NO .....	2 (M15)
DON'T KNOW .....	9 (M15)

M12. SHOW CARD K ON PAGE 22. Please tell me what kind it was.

\_\_\_\_|\_\_\_\_|\_\_\_\_\_

M13. How old were you when it was diagnosed?

\_\_\_\_|\_\_\_\_|  
AGE IN YRS

M14. How was the benign tumor treated? Was it treated by surgery or by observation only?

Observation .....	1
Surgery.....	2

M15. What is your main occupation? \_\_\_\_\_

M16. How many years of school did you complete?

\_\_\_\_|\_\_\_\_|

M17. Are you adopted?

YES.....	1
NO .....	2 (M18)

M17a. Do you know the family history of your biological parents or siblings?

YES.....	1
NO .....	2 (ASK QUESTIONS M18-M26 AND GO TO THE NEXT SECTION)

## MOTHER'S PREGNANCY HISTORY

INSTRUCTIONS: Now I have some questions about all the pregnancies you had. Starting with the first, which pregnancy was (NAME)? Put NAME at top of appropriate column.

MOTHER'S PREGNANCY HISTORY	1ST PREG. _____	2ND PREG. _____	3RD PREG. _____	4TH PREG. _____
M18. How old were you when the first/next pregnancy began?	_ _  AGE	_ _  AGE	_ _  AGE	_ _  AGE
M19. How old was the father when this pregnancy began?	_ _  AGE	_ _  AGE	_ _  AGE	_ _  AGE
M20. How many weeks did the pregnancy last?	_ _  WKS	_ _  WKS	_ _  WKS	_ _  WKS
M21. In what month and year did this pregnancy end?	_ _   _ _  MO YR	_ _   _ _  MO YR	_ _   _ _  MO YR	_ _   _ _  MO YR
M22. Looking at SHOW CARD C, tell me what was the outcome of this pregnancy? (CODE UP TO 3 OUTCOMES FOR MULTIPLE BIRTHS)	1st  _  2nd  _  3rd  _	_   _   _	_   _   _	_   _   _
LIVE FULL TERM .....	.....1	.....1	.....1	.....1
LIVE PREMATURE .....	.....2	.....2	.....2	.....2
STILLBIRTH (AFTER 28 WKS.) .....	.....3	.....3	.....3	.....3
MISCARRIAGE (BEFORE 28 WKS.) .	.....4	.....4	.....4	.....4
ABORTION.....	.....5	.....5	.....5	.....5
ECTOPIC PREGNANCY.....	.....6	.....6	.....6	.....6
BABY WHO DIED SHORTLY AFTER BIRTH .....	.....7	.....7	.....7	.....7
UNKNOWN .....	.....9	.....9	.....9	.....9
M23. Was the father the same as (NAME)'s father? (SKIP IN NAME'S COLUMN)				
YES.....	.....1	.....1	.....1	.....1
NO .....	.....2	.....2	.....2	.....2
M24. During this pregnancy, did you have any conditions listed on this card? SHOW CARD D				
NONE.....	.....00	.....00	.....00	.....00
GERMAN MEASLES.....	.....01	.....01	.....01	.....01
HIGH BLOOD PRESSURE .....	.....02	.....02	.....02	.....02
TOXEMIA .....	.....03	.....03	.....03	.....03
HERPES.....	.....04	.....04	.....04	.....04
TOXOPLASMOSIS .....	.....05	.....05	.....05	.....05
DIABETES.....	.....06	.....06	.....06	.....06
OTHER (SPECIFY).....	.....07	.....07	.....07	.....07
	_____	_____	_____	_____
	_____	_____	_____	_____

5TH PREG.	6TH PREG.	7TH PREG.
<div>    </div> AGE	<div>    </div> AGE	<div>    </div> AGE
<div>    </div> AGE	<div>    </div> AGE	<div>    </div> AGE
<div>    </div> WKS	<div>    </div> WKS	<div>    </div> WKS
<div>    </div> MO <div>    </div> YR	<div>    </div> MO <div>    </div> YR	<div>    </div> MO <div>    </div> YR
<div>    </div>	<div>    </div>	<div>    </div>
<div>    </div>	<div>    </div>	<div>    </div>
<div>    </div>	<div>    </div>	<div>    </div>
.....1	.....1	.....1
.....2	.....2	.....2
.....3	.....3	.....3
.....4	.....4	.....4
.....5	.....5	.....5
.....6	.....6	.....6
.....7	.....7	.....7
.....9	.....9	.....9
.....1	.....1	.....1
.....2	.....2	.....2
.....00	.....00	.....00
.....01	.....01	.....01
.....02	.....02	.....02
.....03	.....03	.....03
.....04	.....04	.....04
.....05	.....05	.....05
.....06	.....06	.....06
.....07	.....07	.....07
_____	_____	_____
_____	_____	_____

	1ST PREG.	2ND PREG.	3RD PREG.	4TH PREG.
M25. Which of the following did you take during this pregnancy? SHOW CARD E				
MULTIVITAMIN WITH FOLIC ACID ...	.....01	.....01	.....01	.....01
MULTIVITAMIN WITHOUT FOLIC ACID .....	.....02	.....02	.....02	.....02
MULTIVITAMIN, DON'T KNOW IF HAD FOLIC ACID .....	.....03	.....03	.....03	.....03
FOLIC ACID .....	.....04	.....04	.....04	.....04
IRON/ANEMIA MEDICATION .....	.....05	.....05	.....05	.....05
OTHER (SPECIFY).....	.....06	.....06	.....06	.....06
NONE.....	.....00	.....00	.....00	.....00
M26. Looking at SHOW CARD F, please tell me all the numbers of the statements that describe your behaviors during this pregnancy. SHOW CARD F				
SMOKED ON AVERAGE MORE THAN 5 CIGARETTES/DAY.....	.....01	.....01	.....01	.....01
DRANK MORE THAN 2 BEERS/ DRINKS PER DAY ON AVERAGE ...	.....02	.....02	.....02	.....02
USED MARIJUANA AT LEAST ONCE DURING THE PREGNANCY.....	.....03	.....03	.....03	.....03
DID NONE OF THE ABOVE .....	.....04	.....04	.....04	.....04
DON'T KNOW .....	.....99	.....99	.....99	.....99

5TH PREG. _____	6TH PREG. _____	7TH PREG. _____
.....01	.....01	.....01
.....02	.....02	.....02
.....03	.....03	.....03
.....04	.....04	.....04
.....05	.....05	.....05
.....06	.....06	.....06
_____	_____	_____
_____	_____	_____
.....01	.....01	.....01
.....02	.....02	.....02
.....03	.....03	.....03
.....04	.....04	.....04
.....99	.....99	.....99

# **MATERNAL GRANDPARENTS OF (NAME)**

I am now going to ask you about (NAME)'s grandparents. We'll start with your father.

		MOTHER'S	
		A: FATHER	B: MOTHER
		_____	_____
M27.	What was your father's/mother's year of birth?	<div> <div> <div></div> <div></div> <div></div> <div></div> </div> <div>YEAR</div> </div>	<div> <div> <div></div> <div></div> <div></div> <div></div> </div> <div>YEAR</div> </div>
M28.	<p>Is/was (RELATIVE) related by blood to his/her spouse/partner?</p> <p>YES.....1</p> <p>NO .....2</p> <p>DON'T KNOW .....9</p> <p>IF RELATED, SPECIFY HOW</p> <p>_____</p> <p>_____</p>	<p>.....1</p> <p>.....2</p> <p>.....9</p> <p>_____</p> <p>_____</p>	<p>.....1</p> <p>.....2</p> <p>.....9</p> <p>_____</p> <p>_____</p>
M29.	<p>What is/was (RELATIVE)'s race? SHOW CARD A</p> <p>WHITE, NOT OF HISPANIC ORIGIN.....01</p> <p>BLACK, NOT OF HISPANIC ORIGIN.....02</p> <p>ASIAN OR PACIFIC ISLANDER .....03</p> <p>AMERICAN INDIAN OR ALASKAN NATIVE .....04</p> <p>HISPANIC .....05</p>	<p>.....01</p> <p>.....02</p> <p>.....03</p> <p>.....04</p> <p>.....05</p>	<p>.....01</p> <p>.....02</p> <p>.....03</p> <p>.....04</p> <p>.....05</p>
M30.	<p>In what country was (RELATIVE) born? IF USA, ASK: What country did his/her people come from before they came to the US?</p> <p>_____</p>	<p>_____</p>	<p>_____</p>
M31.	<p>Was (RELATIVE) born with any birth defects or other abnormal conditions?</p> <p>YES.....1</p> <p>NO .....2 (M33)</p> <p>DON'T KNOW .....9 (M33)</p>	<p>.....1</p> <p>.....2 (M33)</p> <p>.....9 (M33)</p>	<p>.....1</p> <p>.....2 (M33)</p> <p>.....9 (M33)</p>
M32.	IF YES, SPECIFY UP TO 3.	<div> <div> <div></div> <div></div> </div> <div>_____</div> </div> <div> <div> <div></div> <div></div> </div> <div>_____</div> </div> <div> <div> <div></div> <div></div> </div> <div>_____</div> </div>	<div> <div> <div></div> <div></div> </div> <div>_____</div> </div> <div> <div> <div></div> <div></div> </div> <div>_____</div> </div> <div> <div> <div></div> <div></div> </div> <div>_____</div> </div>
M33.	<p>Did (RELATIVE) ever have cancer?</p> <p>YES.....1</p> <p>NO .....2 (M36)</p> <p>DON'T KNOW .....9 (M36)</p>	<p>.....1</p> <p>.....2 (M36)</p> <p>.....9 (M36)</p>	<p>.....1</p> <p>.....2 (M36)</p> <p>.....9 (M36)</p>



		MOTHER'S	
		A: FATHER	B: MOTHER
		_____	_____
M34.	If yes, what type of cancer was it? SHOW CARD J ON PAGE 22.	<div> <div> <div></div> <div></div> <div></div> </div> <div>_____</div> </div> <div> <div> <div></div> <div></div> <div></div> </div> <div>_____</div> </div> <div> <div> <div></div> <div></div> <div></div> </div> <div>_____</div> </div>	<div> <div> <div></div> <div></div> <div></div> </div> <div>_____</div> </div> <div> <div> <div></div> <div></div> <div></div> </div> <div>_____</div> </div> <div> <div> <div></div> <div></div> <div></div> </div> <div>_____</div> </div>
M35.	At what age was (RELATIVE) diagnosed with cancer? CODE AGE OR 99 = DON'T KNOW.	<div> <div> <div></div> <div></div> <div></div> </div> <div>AGE IN YRS</div> </div>	<div> <div> <div></div> <div></div> <div></div> </div> <div>AGE IN YRS</div> </div>
M36.	Did (RELATIVE) ever have a benign tumor? SHOW CARD K ON PAGE 22.		
	YES.....	..... 1	..... 1
	NO .....	..... 2 (M40)	..... 2 (M40)
	DON'T KNOW .....	..... 9 (M40)	..... 9 (M40)
M37.	SHOW CARD K ON PAGE 22. Please tell me what kind it was.	<div> <div> <div></div> <div></div> <div></div> </div> <div>_____</div> <div>_____</div> </div>	<div> <div> <div></div> <div></div> <div></div> </div> <div>_____</div> <div>_____</div> </div>
M38.	How old was relative in years when it was diagnosed?	<div> <div> <div></div> <div></div> <div></div> </div> <div>AGE IN YRS</div> </div>	<div> <div> <div></div> <div></div> <div></div> </div> <div>AGE IN YRS</div> </div>
M39.	How was the benign tumor treated? Was it treated by surgery or observation only?		
	Observation.....	..... 1	..... 1
	Surgery.....	..... 2	..... 2
M40.	Is he/she still living?		
	YES.....	..... 1 (M43)	..... 1 (M43)
	NO .....	..... 2	..... 2
	DON'T KNOW .....	..... 9 (M43)	..... 9 (M43)
M41.	What was his/her year of death and how old was he/she?	<div> <div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> <div>YEAR</div> </div> <div> <div> <div></div> <div></div> <div></div> </div> <div>AGE</div> </div>	<div> <div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> <div>YEAR</div> </div> <div> <div> <div></div> <div></div> <div></div> </div> <div>AGE</div> </div>
M42.	What was (RELATIVE)'s cause of death? SHOW CARD L ON PAGE 22.	<div> <div> <div></div> <div></div> <div></div> </div> <div>_____</div> <div>_____</div> </div>	<div> <div> <div></div> <div></div> <div></div> </div> <div>_____</div> <div>_____</div> </div>
M43.	What is/was (RELATIVE)'s main occupation?	<div>_____</div> <div>_____</div>	<div>_____</div> <div>_____</div>
M44.	How many years of school did (RELATIVE) complete?	_____	_____

M45. Thinking about all the possible pregnancy outcomes, how many pregnancies did your mother have.

\_\_\_\_\_  
NUMBER

Did any of your mother's pregnancies end in:

Premature live birth? Yes..... 1 → How many? \_\_\_\_\_  
No ..... 2

Stillbirth at or after 28 weeks? Yes..... 1 → How many? \_\_\_\_\_  
No ..... 2

Miscarriage before 28 weeks? Yes..... 1 → How many? \_\_\_\_\_  
No ..... 2

M46. Were there any birth defects or other abnormal conditions associated with any of your mother's pregnancies?

Yes..... 1  
No ..... 2 (M48)

M47. Calling the first pregnancy number 1, the next number 2, etc., please tell me the pregnancy number and condition or defect.

PREGNANCY NUMBER	____	CONDITION	____
PREGNANCY NUMBER	____	CONDITION	____
PREGNANCY NUMBER	____	CONDITION	____
PREGNANCY NUMBER	____	CONDITION	____

M48. Was your father the father of this/all these pregnancy(ies)?

Yes..... 1  
No ..... 2 (SPECIFY PREG[S]. NOT HIS)  
\_\_\_\_

M49. How many siblings does/did your mother have (include living and deceased)?

NUMBER (IF NONE, M63)

M50. Do/did any of her siblings have any birth defects or other abnormal conditions?

Yes..... 1  
No ..... 2 (M52)

M51. Calling the oldest sibling number 1, the next number 2, etc., please tell me the sibling number, sex, and the condition or defect.

SIBLING NUMBER	<input type="text"/>	M	F	CONDITION	<input type="text"/> <input type="text"/>	<input type="text"/>
SIBLING NUMBER	<input type="text"/>	M	F	CONDITION	<input type="text"/> <input type="text"/>	<input type="text"/>
SIBLING NUMBER	<input type="text"/>	M	F	CONDITION	<input type="text"/> <input type="text"/>	<input type="text"/>
SIBLING NUMBER	<input type="text"/>	M	F	CONDITION	<input type="text"/> <input type="text"/>	<input type="text"/>

M52. Did any of your mother's siblings have cancer?

Yes..... 1  
No ..... 2 (M63)

M53. Which sibling?

NUMBER Male or Female? M F  
(Birth Order)

M54. What type of cancer?  
SHOW CARD J ON PAGE 22.

\_\_\_\_\_

M55. What year was it diagnosed?

YEAR

M55a. How old was he/she?

AGE

M56. Is the sibling still living?

Yes..... 1  
No ..... 2

M57. Did any other of your mother's siblings have cancer?

Yes..... 1  
No ..... 2 (M63)

M58. Which sibling?   Male or Female? M F  
 NUMBER  
 (Birth Order)

M59. What type of cancer?   \_\_\_\_\_  
 SHOW CARD J ON PAGE 22.

M60. What year was it diagnosed?       
 YEAR

M60a. How old was he/she?    
 AGE

M61. Is the sibling still living?  
 Yes..... 1  
 No ..... 2

M63. How many siblings does/did your father have (include living and deceased)?

NUMBER (IF NONE, M78)

M64. Do/did any of his siblings have any birth defects or other abnormal conditions?

Yes..... 1  
 No ..... 2 (M66)

M65. Calling the oldest sibling number 1, the next number 2, etc., please tell me the sibling number, sex, and the condition or defect.

SIBLING NUMBER	<input type="text"/>	M	F	CONDITION	<input type="text"/>	_____
SIBLING NUMBER	<input type="text"/>	M	F	CONDITION	<input type="text"/>	_____
SIBLING NUMBER	<input type="text"/>	M	F	CONDITION	<input type="text"/>	_____
SIBLING NUMBER	<input type="text"/>	M	F	CONDITION	<input type="text"/>	_____

M66. Did any of your father's siblings have cancer?

Yes..... 1  
 No ..... 2 (M78)

M67. Which sibling?   Male or Female? M F  
 NUMBER  
 (Birth Order)

- M68. What type of cancer?  \_\_\_\_\_  
SHOW CARD J ON PAGE 22.
- M69. What year was it diagnosed?       
YEAR
- M69a. How old was he/she?     
AGE
- M70. Is the sibling still living?  
Yes..... 1  
No ..... 2
- M71. Did any other of your father's siblings have cancer?  
Yes..... 1  
No ..... 2 (M78)
- M72. Which sibling?    Male or Female? M F  
NUMBER  
(Birth Order)
- M73. What type of cancer?     
SHOW CARD J ON PAGE 22. NUMBER
- M74. What year was it diagnosed?       
YEAR
- M75. How old was he/she?     
AGE
- M76. Is the sibling still living?  
Yes..... 1  
No ..... 2

## SIBLINGS OF THE SUBJECT'S MOTHER

Now I'd like to ask about (NAME)'s aunts and uncles on the mother's side (that is your brothers and sisters). Please don't include siblings who were adopted into your family.

M78. How many biological siblings do you have? |\_|\_| (IF NONE, M143)  
#

M79. Where are you in the birth order, going from oldest to youngest? |\_|

	SIBLING			
Please tell me the first names of all your siblings going in birth order from oldest to youngest.	1st <span style="margin-left: 20px;"> _ _ _ </span>	2nd <span style="margin-left: 20px;"> _ _ _ </span>	3rd <span style="margin-left: 20px;"> _ _ _ </span>	4th <span style="margin-left: 20px;"> _ _ _ </span>
<b>M80. What is (SIBLING)'s relationship to you?</b> <b>SHOW CARD G</b>  Full sibling..... 1 Half sibling by mother..... 2 Half sibling by father..... 3 IF ADOPTED OUT OF FAMILY, HISTORY UNKNOWN, CODE 9..... 9 (GO TO NEXT SIBLING)				
<b>M81. What was his/her year of birth?</b>	<span style="font-size: small;"> _ _ _ </span> YEAR	<span style="font-size: small;"> _ _ _ </span> YEAR	<span style="font-size: small;"> _ _ _ </span> YEAR	<span style="font-size: small;"> _ _ _ </span> YEAR
<b>M82. CONFIRM: That is a . . .</b>  Male..... 1 Female..... 2				
<b>M83. Did (SIBLING) have any birth defects or other abnormal conditions?</b>  Yes ..... 1 No..... 2 (M86) DON'T KNOW ..... 9 (M86)				
<b>M84. SPECIFY 1ST BIRTH DEFECT.</b>	_ _  <span style="margin-left: 20px;"> _ _ _ </span>	_ _  <span style="margin-left: 20px;"> _ _ _ </span>	_ _  <span style="margin-left: 20px;"> _ _ _ </span>	_ _  <span style="margin-left: 20px;"> _ _ _ </span>
<b>M85. SPECIFY 2ND BIRTH DEFECT.</b>	_ _  <span style="margin-left: 20px;"> _ _ _ </span>	_ _  <span style="margin-left: 20px;"> _ _ _ </span>	_ _  <span style="margin-left: 20px;"> _ _ _ </span>	_ _  <span style="margin-left: 20px;"> _ _ _ </span>
<b>M86. Did (SIBLING) ever have cancer?</b>  Yes ..... 1 No..... 2 (M89) DON'T KNOW ..... 9 (M89)				
<b>M87. If so, what type? SHOW CARD J ON PAGE 22.</b>	_ _  <span style="margin-left: 20px;"> _ _ _ </span>	_ _  <span style="margin-left: 20px;"> _ _ _ </span>	_ _  <span style="margin-left: 20px;"> _ _ _ </span>	_ _  <span style="margin-left: 20px;"> _ _ _ </span>
<b>M88. What year was it diagnosed?</b> M88a. How old was he/she? <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: small;">GO TO NEXT SIBLING OR M89</div>	19 <span style="font-size: small;"> _ _ </span> YEAR  <span style="font-size: small;"> _ _ </span> AGE	19 <span style="font-size: small;"> _ _ </span> YEAR  <span style="font-size: small;"> _ _ </span> AGE	19 <span style="font-size: small;"> _ _ </span> YEAR  <span style="font-size: small;"> _ _ </span> AGE	19 <span style="font-size: small;"> _ _ </span> YEAR  <span style="font-size: small;"> _ _ </span> AGE

	SIBLING			
Please tell me the first names of all your siblings, going in birth order from oldest to youngest.	1st _____	2nd _____	3rd _____	4th _____
M89. Did (SIBLING) ever have a benign tumor? SHOW CARD K ON PAGE 22.  YES ..... 1 NO ..... 2 (M93) DON'T KNOW ..... 9 (M93)	  ..... 1 ..... 2 (M93) ..... 9 (M93)	  ..... 1 ..... 2 (M93) ..... 9 (M93)	  ..... 1 ..... 2 (M93) ..... 9 (M93)	  ..... 1 ..... 2 (M93) ..... 9 (M93)
M90. Looking at SHOW CARD K, please tell me what kind of tumor it was.  Adenomas colorectal ..... 1 Ovarian fibroma ..... 2 Cardiac fibroma ..... 3 Jaw cysts ..... 4 Meningioma ..... 5 Other (SPECIFY) ..... 6 _____ _____	  ..... 1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6 _____ _____	  ..... 1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6 _____ _____	  ..... 1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6 _____ _____	  ..... 1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6 _____ _____
M91. How old was (SIBLING) when the benign tumor was diagnosed?	____ AGE	____ AGE	____ AGE	____ AGE
M92. How was the benign tumor treated? Was it treated with surgery or observation only?  OBSERVATION ..... 1 SURGERY ..... 2	 ..... 1 ..... 2	 ..... 1 ..... 2	 ..... 1 ..... 2	 ..... 1 ..... 2
M93. How many pregnancies did (SIBLING) parent? CODE "99" IF NOT KNOWN.	____ NONE = 00 (NEXT SIB)	____ NONE = 00 (NEXT SIB)	____ NONE = 00 (NEXT SIB)	____ NONE = 00 (NEXT SIB)
M94. Did (SIBLING) (or partner) have any miscarriages (before 28 weeks)? Please specify number.	____ NONE = 0 DK = 9	____ NONE = 0 DK = 9	____ NONE = 0 DK = 9	____ NONE = 0 DK = 9
M95. How many live births did (SIBLING) have?	____	____	____	____
M96. Is (SIBLING) living?  Yes ..... 1 (NEXT SIBLING) No ..... 2 DON'T KNOW ..... 9	 ..... 1 (NEXT SIBLING) ..... 2 ..... 9	 ..... 1 (NEXT SIBLING) ..... 2 ..... 9	 ..... 1 (NEXT SIBLING) ..... 2 ..... 9	 ..... 1 (M99) ..... 2 ..... 9
M97. What was the year of death and (SIBLING)'s age at death?	____ YEAR ____ AGE	____ YEAR ____ AGE	____ YEAR ____ AGE	____ YEAR ____ AGE
M98. What was the cause of death? SHOW CARD L ON PAGE 22. GO TO NEXT SIBLING OR M99	____ _____	____ _____	____ _____	____ _____

# **FIRST COUSINS ON MOTHER'S SIDE**

Now I would like to ask some questions about the health of (NAME)'s first cousins on the mother's side. First, please give me the first name of each of your siblings who parented a child, starting with the oldest. FILL IN SIBLING'S NAME ABOVE CHILD COLUMNS IN EACH 'FIRST COUSIN' BOX, STARTING WITH OLDEST. IF NONE, GO TO M143.

Now going to your oldest sibling (NAME OF SIB1), please tell me the first name of each first cousin, that is every child born to (SIBLING 1). FILL IN NAME UNDER CHILD 1, 2, ETC. IN EACH COLUMN IN FIRST COUSIN BOX. GO TO THE NEXT PAGE FOR CHILDREN OF SIBLING 2.

Now we will start with (CHILD 1), the first child of (SIBLING NAME).

'FIRST COUSINS' -- CHILDREN OF (MOTHER)'S SIBLINGS				
	SIBLING 1 _____			
	CHILD 1	CHILD 2	CHILD 3	CHILD 4
Please tell me the first name of each cousin - Every child born to (SIBLING 1)	_____	_____	_____	_____
M99. (CHILD) Is that a boy or a girl?				
Male.....	..... 1	..... 1	..... 1	..... 1
Female.....	..... 2	..... 2	..... 2	..... 2
M100. And the year of birth?	_ _ _  YEAR	_ _ _  YEAR	_ _ _  YEAR	_ _ _  YEAR
M101. Did (COUSIN) have any birth defects or other abnormal conditions?				
Yes .....	..... 1	..... 1	..... 1	..... 1
No.....	..... 2 (M104)	..... 2 (M104)	..... 2 (M104)	..... 2 (M104)
M102. SPECIFY 1ST BIRTH DEFECT.	_ _  _____ _____	_ _  _____ _____	_ _  _____ _____	_ _  _____ _____
M103. SPECIFY 2ND BIRTH DEFECT.	_ _  _____ _____	_ _  _____ _____	_ _  _____ _____	_ _  _____ _____
M104. Did (COUSIN) ever have cancer?				
Yes .....	..... 1	..... 1	..... 1	..... 1
No.....	..... 2 (M107)	..... 2 (M107)	..... 2 (M107)	..... 2 (M107)
M105. What type of cancer? SHOW CARD J ON PAGE 22.	_ _  _____ _____	_ _  _____ _____	_ _  _____ _____	_ _  _____ _____
M106. What year was it diagnosed, and how old was he/she?	_ _ _  YEAR   _ _  AGE	_ _ _  YEAR   _ _  AGE	_ _ _  YEAR   _ _  AGE	_ _ _  YEAR   _ _  AGE
M107. Is (COUSIN) living?				
Yes .....	.....1 (NEXT CHILD)	.....1 (NEXT CHILD)	.....1 (NEXT CHILD)	.....1 (M110)
No.....	.....2	.....2	.....2	.....2
M108. What was the cause of death? SHOW CARD L ON PAGE 22.	_ _  _____ _____	_ _  _____ _____	_ _  _____ _____	_ _  _____ _____
M109. What was the year of death, and how old was he/she?	_ _ _  YEAR   _ _  AGE	_ _ _  YEAR   _ _  AGE	_ _ _  YEAR   _ _  AGE	_ _ _  YEAR   _ _  AGE
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> GO TO NEXT CHILD OR M110 </div>				



'FIRST COUSINS' -- CHILDREN OF (MOTHER)'S SIBLINGS				
	SIBLING 2 _____			
	CHILD 1	CHILD 2	CHILD 3	CHILD 4
M110. Please tell me the first name of each cousin -- every child born to (SIBLING 2). (CHILD) Is that a boy or a girl?  Male..... Female.....	..... 1 ..... 2	..... 1 ..... 2	..... 1 ..... 2	..... 1 ..... 2
M111. And the year of birth?	_____ YEAR	_____ YEAR	_____ YEAR	_____ YEAR
M112. Did (COUSIN) have any birth defects or other abnormal conditions?  Yes ..... No.....	..... 1 ..... 2 (M115)	..... 1 ..... 2 (M115)	..... 1 ..... 2 (M115)	..... 1 ..... 2 (M115)
M113. SPECIFY 1ST BIRTH DEFECT.	_____ _____	_____ _____	_____ _____	_____ _____
M114. SPECIFY 2ND BIRTH DEFECT.	_____ _____	_____ _____	_____ _____	_____ _____
M115. Did (COUSIN) ever have cancer?  Yes ..... No.....	..... 1 ..... 2 (M118)	..... 1 ..... 2 (M118)	..... 1 ..... 2 (M118)	..... 1 ..... 2 (M118)
M116. What type of cancer? SHOW CARD J ON PAGE 22.	_____ _____	_____ _____	_____ _____	_____ _____
M117. What year was it diagnosed, and how old was he/she?	_____ YEAR  _____ AGE	_____ YEAR  _____ AGE	_____ YEAR  _____ AGE	_____ YEAR  _____ AGE
M118. Is (COUSIN) living?  Yes ..... No.....	.....1 (NEXT CHILD) .....2	.....1 (NEXT CHILD) .....2	.....1 (NEXT CHILD) .....2	.....1 (M121) .....2
M119. What was the cause of death? SHOW CARD L ON PAGE 22.	_____ _____	_____ _____	_____ _____	_____ _____
M120. What was the year of death, and how old was he/she?  GO TO NEXT CHILD OR M121	_____ YEAR  _____ AGE	_____ YEAR  _____ AGE	_____ YEAR  _____ AGE	_____ YEAR  _____ AGE

'FIRST COUSINS' -- CHILDREN OF (MOTHER)'S SIBLINGS				
	SIBLING 3 _____			
	CHILD 1	CHILD 2	CHILD 3	CHILD 4
M121. Please tell me the first name of each cousin -- every child born to (SIBLING 3). (CHILD) Is that a boy or a girl?  Male..... Female.....	..... 1 ..... 2	..... 1 ..... 2	..... 1 ..... 2	..... 1 ..... 2
M122. And the year of birth?	_____ YEAR	_____ YEAR	_____ YEAR	_____ YEAR
M123. Did (COUSIN) have any birth defects or other abnormal conditions?  Yes ..... No.....	..... 1 ..... 2 (M126)	..... 1 ..... 2 (M126)	..... 1 ..... 2 (M126)	..... 1 ..... 2 (M126)
M124. SPECIFY 1ST BIRTH DEFECT.	_____ _____	_____ _____	_____ _____	_____ _____
M125. SPECIFY 2ND BIRTH DEFECT.	_____ _____	_____ _____	_____ _____	_____ _____
M126. Did (COUSIN) ever have cancer?  Yes ..... No.....	..... 1 ..... 2 (M129)	..... 1 ..... 2 (M129)	..... 1 ..... 2 (M129)	..... 1 ..... 2 (M129)
M127. What type of cancer? SHOW CARD J ON PAGE 22.	_____ _____	_____ _____	_____ _____	_____ _____
M128. What year was it diagnosed, and how old was he/she?	_____ YEAR _____ AGE	_____ YEAR _____ AGE	_____ YEAR _____ AGE	_____ YEAR _____ AGE
M129. Is (COUSIN) living?  Yes ..... No.....	.....1 (NEXT CHILD) .....2	.....1 (NEXT CHILD) .....2	.....1 (NEXT CHILD) .....2	.....1 (M132) .....2
M130. What was the cause of death? SHOW CARD L ON PAGE 22.	_____ _____	_____ _____	_____ _____	_____ _____
M131. What was the year of death, and how old was he/she?  GO TO NEXT CHILD OR M132	_____ YEAR _____ AGE	_____ YEAR _____ AGE	_____ YEAR _____ AGE	_____ YEAR _____ AGE

'FIRST COUSINS' -- CHILDREN OF (MOTHER)'S SIBLINGS				
	SIBLING 4 _____			
	CHILD 1	CHILD 2	CHILD 3	CHILD 4
M132. Please tell me the first name of each cousin -- every child born to (SIBLING 4). (CHILD) Is that a boy or a girl?  Male..... Female.....	..... 1 ..... 2	..... 1 ..... 2	..... 1 ..... 2	..... 1 ..... 2
M133. And the year of birth? [CODE AS YYYY]	_____ YEAR	_____ YEAR	_____ YEAR	_____ YEAR
M134. Did (COUSIN) have any birth defects or other abnormal conditions?  Yes ..... No.....	..... 1 ..... 2 (M137)	..... 1 ..... 2 (M137)	..... 1 ..... 2 (M137)	..... 1 ..... 2 (M137)
M135. SPECIFY 1ST BIRTH DEFECT.	_____ _____	_____ _____	_____ _____	_____ _____
M136. SPECIFY 2ND BIRTH DEFECT.	_____ _____	_____ _____	_____ _____	_____ _____
M137. Did (COUSIN) ever have cancer?  Yes ..... No.....	..... 1 ..... 2 (M140)	..... 1 ..... 2 (M140)	..... 1 ..... 2 (M140)	..... 1 ..... 2 (M140)
M138. What type of cancer? SHOW CARD J ON PAGE 22.	_____ _____	_____ _____	_____ _____	_____ _____
M139. What year was it diagnosed, and how old was he/she?  _____ AGE	_____ YEAR _____ AGE	_____ YEAR _____ AGE	_____ YEAR _____ AGE	_____ YEAR _____ AGE
M140. Is (COUSIN) living?  Yes ..... No.....	.....1 (NEXT CHILD) .....2	.....1 (NEXT CHILD) .....2	.....1 (NEXT CHILD) .....2	.....1 (M143) .....2
M141. What was the cause of death? SHOW CARD L ON PAGE 22.	_____ _____	_____ _____	_____ _____	_____ _____
M142. What was the year of death, and how old was he/she?  GO TO NEXT CHILD OR M143	_____ YEAR _____ AGE	_____ YEAR _____ AGE	_____ YEAR _____ AGE	_____ YEAR _____ AGE

	RELATIVE 1	RELATIVE 2
M143. Are there any other relatives on your side who have or had cancer?	YES ..... 1 NO ..... 2 (M147)	YES ..... 1 NO ..... 2 (M147)
M144. How is he/she related to you?	_____ _____ _____	_____ _____ _____
M145. What kind of cancer? SHOW CARD J ON PAGE 22.	_____ _____ _____	_____ _____ _____
M146. How old was this relative when the cancer was diagnosed?	_____ AGE	_____ AGE

Record Details Below

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	RELATIVE	RELATIVE
M147. Are there any other relatives on your side who have or had a benign tumor?	YES .....1 NO .....2 (NEXT SECTION)	YES .....1 NO .....2 (NEXT SECTION)
M148. How was he/she related to you?	_____ _____ _____	_____ _____ _____
M149. What kind of benign tumor was it? SHOW CARD K ON PAGE 22.	 _____ _____	 _____ _____
M150. How old was this relative when this tumor was diagnosed?	 AGE	 AGE

Record Details Below

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**SHOW CARD J: TYPE OF CANCER**

- 1      Leukemia
- 2      Lung
- 3      Liver
- 4      Pancreas
- 5      Spleen
- 6      Breast
- 7      Ovaries
- 8      Prostate
- 9      Colon or digestive tract
- 10     Stomach
- 11     Skin
- 12     Brain
- 13     Other type of cancer, specify (do not code)
- 14     Not defined but widespread cancer of unknown type

**SHOW CARD K: TYPE OF BENIGN TUMOR**

- 1      Colorectal adenomas
- 2      Ovarian fibroma
- 3      Cardiac fibroma
- 4      Jaw cysts
- 5      Meningioma
- 6      Other (specify)

**SHOW CARD L: CAUSE OF DEATH**

- 1      Cancer, specify type
- 2      Accident
- 3      Heart disease/attack
- 4      Stroke (clot of blood in brain)
- 5      Natural causes (old age)
- 6      Infection
- 7      Spina bifida-related complications
- 8      Renal failure
- 9      Other, specify